NOV 2 1 2011 K112493

510(k) SUMMARY

1. GENERAL INFORMATION

Trade Name	PASS LP Spinal System
Common Name	✓ Posterior pedicle screw system ✓ Hooks ✓ Sacral plate
Classification Name	✓ orthosis, spinal pedicle fixation per MNI 888.3070 ✓ orthosis, spondylolisthesis spinal fixation per MNH 888.3070 ✓ appliance, fixation, spinal interlaminal per KWP 888.3050
Class	Class II
Product Code	MNI / MNH / KWP
CFR section	888.3070 / 888.3050
Device panel	Orthopedic
Legally marketed predicate devices	PASS LP Spinal System (MEDICREA) = K062136, K080099, K080822, K082577, K083308, K083810, K100297 ISOLA (ACROMED) = K908485 SYNERGY VLS (INTERPORE CROSS INTL) = K012871 MOSS MIAMI (DEPUY) = K964024
Reason for Special 510(k)	Additional components
Submitter	MEDICREA International 14 Porte du Grand Lyon 01700 Neyron, France
Contact	J.D. Webb 1001 Oakwood Blvd Round Rock, TX 78681 512-388-0199 E-Mail: ortho.medix@sbcglobal.net

2. PREDICATE DEVICE DESCRIPTION

The Medicrea PASS LP Spinal System consists of pedicle screws, hooks, sacral plates, clamps, rods, nuts, rod plates and crosslink members. It can be used for single or multiple level fixations. Components are manufactured from titanium alloy (Ti-6Al-4V ELI) that conforms to ASTM F136

3. DESCRIPTION OF DEVICE MODIFICATION

The purpose of this submission is to submit the new spinal system PASS MIS. This new device and PASS LP devices previously cleared in K062136, K080099, K080822, K082577, K083308, K083810 and K100297 are manufactured in the same material, titanium alloy (Ti-6Al-4V ELI), and have the same geometry. The only devices differences are PASS MIS indications for use restrained than PASS LP devices.

4. INTENDED USE

The PASS LP Spinal System includes a pedicle system intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and

sacral spine: fracture, dislocation, failed previous fusion (pseudoarthrosis), spinal stenosis, degenerative spondylolisthesis with objective evidence of neurological impairment, spinal deformations such as scoliosis or kyphosis and loss of stability due to tumors.

The PASS LP Spinal System is also indicated for pedicle screw fixation for the treatment of severe spondylolisthesis (Grade 3 and 4) of the L5-S1 vertebrae in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion.

The PASS LP also includes hooks, rods and sacral/iliac screws indicated for degenerative disc disease (ddd) defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies, spondylolisthesis, trauma (i.e., fracture or dislocation), spinal stenosis, deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis and failed previous fusion.

5. PERFORMANCE DATA

When applicable, mechanical tests such as static torsion, static and dynamic compression bending, (according to ASTM F1717) static axial sliding, static torsion and dynamic flexion/extension (according to ASTM F1798) have been performed on the additional components to indicate that the products are as mechanically sound as other devices commercially available.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

NOV 2 1 2011

MEDICREA International
% The OrthoMedix Group, Inc.
Mr. J.D. Webb
1001 Oakwood Boulevard
Round Rock, Texas 78681

Re: K112493
Trade/Device Name: PASS LP Spinal System
Regulation Number: 21 CFR 888.3070
Regulation Name: Pedicle screw spinal system
Regulatory Class: Class II
Product Code: MNI, MNH, KWP
Dated: October 24, 2011
Received: October 31, 2011

Dear Mr. Webb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act

or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

STATEMENT OF Indications for Use

510(k) Number (if known): K112493
Device Name: PASS LP Spinal System

PASS LP Spinal System
Indications for Use

The PASS LP Spinal System includes a pedicle system intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: fracture, dislocation, failed previous fusion (pseudoarthrosis), spinal stenosis, degenerative spondylolisthesis with objective evidence of neurological impairment, spinal deformations such as scoliosis or kyphosis and loss of stability due to tumors.

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Prescription Use ✓ (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K112493